



Public Protection Cabinet
Department of Housing, Buildings & Construction
Division of Building Codes Enforcement
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5405
Tel: 502-573-0373 Fax: 502-573-1059



**CERTIFIED BUILDING INSPECTOR
CONTINUING EDUCATION COURSE
APPROVAL REQUEST**

FOR DEPARTMENT USE ONLY			
Reviewed By:		Course Number:	
Date Provider Approved:		Course Expiration Date:	
APPLICATION INFORMATION			
Course Name		Course Hours	
Name of Provider or Inspector Seeking Approval:		Daytime Phone Number:	Provider Registration Number:
Street Address of Provider:		City:	State: Zip Code:
Name of Provider Owner & Contact Person:		E-Mail Address:	
LIST OF COURSE INSTRUCTORS			
1.		2.	
3.		4.	
5.		6.	
7.		8.	

Submit the Following Information with Your Application

(Please Attach)

1. Course Objectives: Course Objectives: Please submit an outline of your learning objectives for this proposed course along with this application.

2. Instructor Qualifications: Please **ATTACH** documentation of instructor qualifications for each instructor of this proposed course.

3. Course Syllabus: Please provide a copy of the syllabus for this proposed course, which would include the time needed to present the course.

4. Program Evaluation: A program evaluation shall be provided to course attendees for comments regarding quality and effectiveness of the course. Evaluations are not required to be returned by the providers. Evaluations shall include the name of the provider, name of the course, date course taken, and location of the course. Please **ATTACH** a sample evaluation form to this application that will be provided to course attendees.

5. Course Completion Record: Course enrollees who successfully complete the course shall receive a tangible record of attendance and completion. Said certificate shall consist of name, address, building inspector certification number, date of attendance and course(s) completed. Providers shall retain a copy of each attendee's certificate and electronically advise the Department of attendees and course completions. Please **ATTACH** a sample of this certificate to this application.

6. Cancellations: The provider shall give notice of cancellation no less than five (5) working days prior to scheduled classes unless the Governor declares a state of emergency or other conditions exist that would preclude a five (5) day notification and cancellation. Upon cancellation of a course, a full refund shall be issued to enrollees or the enrollees shall be rescheduled for the next available course. Please state the method by which enrollees are to be advised of cancellations.

7. Course Audits and Disciplinary Action: Records of each provider shall be forwarded to the Department within ten (10) business days following written request. Representatives of the Department may, at any time, attend a course to ensure compliance with course objectives as approved. A course provider applicant shall be denied approval or provider's approval revoked if either attempts to obtain course approval fraudulently by falsification of content or misrepresentation; who fails to provide complete and accurate information for initial approval or in notification of changes; who falsely advertizes a course as approved by the Department before approval is granted; or fails to comply with the requirements established by regulations.

Signature of Applicant:

Date Signed:

AUTHORIZATION FOR RELEASE OF INFORMATION

Please initial each of the following statements to confirm agreement and understanding.

_____ I hereby authorize and direct any person, firm, officer, corporation, association, organization, or institution to release to the Kentucky Department of Housing, Buildings, and Construction, any files, documents, records, or other information pertaining to the named individual or organization requested by the Department or any of their authorized representatives, in connection with processing this application for approval of an organization to provide continuing education courses.

_____ I hereby release the aforementioned persons, firms, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

_____ I further authorize the Department of Housing, Buildings and Construction to disclose to the aforementioned organizations, persons, and institutions, any information, which is material to this application, and I hereby specifically release the Department or its representative, from any and all liability in connection with such disclosures.

_____ **I also agree to periodic monitoring of our programs at the discretion of the Department of Housing, Buildings and Construction.**

_____ **I also acknowledge and understand that any information provided in this application that is found to be fraudulent, will be used to deny the application or if registration has been issued, revocation or suspension of the registration.**

A photo static copy of this authorization for release of information has the same force and effect as the original.

AUTHORIZATION

Signature:

Date Signed:

APPLICATION CHECKLIST

- ☐ Complete application including required attachments, signatures and dates.
- ☐ Submission of application and supporting documentation to the Department of Housing, Buildings and Construction at 101 Sea Hero Road, Suite 100, Frankfort, Kentucky 40601.
- ☐ Application for approval shall be made no later than thirty (30) days prior to the date of the educational program (pursuant to 815 KAR 7:070(3)(2)(d)).